

APPLICATION FOR VENDOR LICENSE

*APPLICATION AND PAYMENT MUST BE RECEIVED FIVE (5) BUSINESS DAYS PRIOR TO EVENT

1. Name (include all previous names used):				
2. Owner of Company/Business:				
3. Permanent Home or Business Address:				
City:		State:	Zip:	
4. Phone Number:	5. Cell		6. Email:	
7. Address While in Warren (if applicable):				
Permanent 8. Location 9. Identified Mobile 10. Merchandise to be sold (Please Be Specific).	cation (Drivers license#):	subject to retail Food License r		other:
10. Merchandise to be sold (Flease be specific).	in vending rood, you are also	subject to retail Food License i	equirements.	
11. Data Hours and Location (c) where you will be	o colling the above morehan	dien.		
11. Date, Hours and Location (s) where you will b	= seming the above merchand	uise.		

12 **Certificate	**Certificate of Insurance is attached (if applicable):				YES		NO		
	that the	e permit can l	oe revoked an	d all fees forfe	• •		d correct to the best of my knowledge. terminated for falsification of		
causes of action	on, dan ed to th	nages, lawsui ne Vendor, its	ts, judgement employees, c	s, including at	torney's fees	and co	I all claims, demands, or losses, sts which result from or are in ver conducting on or around		
13. Signature	of App	licant							
14. Date:									
less than five	(5) bus	ness days pri	or to event m	ay be rejecte	d.		eet, Alley, Sidewalk, or Public Ground		
	OFFICIAL USE ONLY								
		Approved							
		Rejected	Ву						
			Date						
		Fee	Collected:			Date	e Paid		
		Vendor Permit	Number:						
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